



Missouri Organ Donor Program

Emblem Use Authorization Statement



| ORGANIZATION CONTACT INFORMATION | | APPLICANT INFORMATION | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|-----|--|
| MISSOURI ORGAN DONOR PROGRAM ATTN: SPECIALTY PLATE LORI DARR, PROGRAM MANAGER DEPARTMENT OF HEALTH & SENIOR SERVICES PO BOX 570 JEFFERSON CITY MO 65102-0570 (573) 522-2828 OR 888-497-4564 ORGANDONOR@DHSS.MO.GOV | NAME (LAST, FIRST, MIDDLE) | | | |
| | MAILING ADDRESS | | | |
| | CITY | STATE | ZIP | |
| | TELEPHONE NUMBER | | | |
| | E-MAIL ADDRESS | | | |
| CONTRIBUTION INFORMATION (To Be Completed by the Organ Donor Program) | | | | |
| CONTRIBUTION AMOUNT*: \$ _____ PAYMENT DATE: _____ | | | | |
| *NOTE: The minimum contribution for a single year registration is \$25.00. The minimum contribution for a biennial (two-year) registration is \$50.00. | | | | |
| AUTHORIZED SIGNATURE: _____ | | | | |
| <input type="checkbox"/> ORIGINAL AUTHORIZATION STATEMENT <input type="checkbox"/> DUPLICATE AUTHORIZATION STATEMENT | | | | |
| DOR USE ONLY | | | | |
| ANNUAL/INITIAL REGISTRATION | | INITIAL PLATE PICK-UP/BIENNIAL REGISTRATION | | |